

DMAS Non-EMERGENCY TRANSPORTATION

Region 7 COMPLAINT FORM

LOGISTICARE Brokerage Service

Today's Date \_\_\_\_\_ Date of Incident \_\_\_\_\_ Facility/Agency \_\_\_\_\_

Person completing form \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Recipient \_\_\_\_\_ Facility/Agency Fax # \_\_\_\_\_

Date/Time Scheduled Pick-up \_\_\_\_\_ Transportation Provider \_\_\_\_\_

Nature of Complaint: **Please check all that apply**

- Provider was a "NO-SHOW"
 Provider was "LATE" Scheduled Arrival Time \_\_\_\_\_ Actual Arrival Time \_\_\_\_\_
 Missed Appointment
 Wrong type of vehicle sent for trip (needed wheel chair van, needed stretcher, etc.)
 Was told by LogistiCare "No Provider Available" to do trip
 Recipient riding too long on vehicle Time picked up \_\_\_\_\_ Time Arrived \_\_\_\_\_
 Driver didn't follow special drop off/return instructions. (location, passenger assistance issue)
 Driver wasn't insuring seat belt use
 Driver Safety (speeding, careless driving, no name tag, driver rude, driver lost, eating, drinking, smoking, inappropriate conduct, etc.)
 Vehicle Safety (no heat or A/C, no inspections sticker, broken window, bald tires, cleanliness, no signage and telephone number on vehicle, etc.)
 Wheel Chair Incident (not using 4 tie downs, no seat belt used, no shoulder restraint used, driver riding down on wheel chair ramp, etc.)
 Facility/Agency Not Notified of Change in Provider, Scheduled Pick Up or Return Time
 Recipient Family Not Notified of Change in Provider, Scheduled Pick Up or Return Time
 Recipient Incident / Injury (vehicle accident, incident on vehicle, fighting on vehicle)
 Other Issues with LogistiCare (please explain below)
 On going or unresolved issue(s). Tried to work with LogistiCare yet unresolved.

Did you call "Where's My Ride" to report issue: Yes \_\_\_\_\_ No \_\_\_\_\_

Whom did you speak with? \_\_\_\_\_

Specifics of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AFTER contacting LogistiCare please FAX completed form to both LogistiCare and DMAS.

DMAS FAX Number 804.371.6035

Bob Knox, Transportation Mgr & the DMAS contract monitor for your region:

Liz Lawrence (Reg. 1 and 2); Bill Zieser (3 & 7); or Eileen Jackson (4 and 5/6)

Please mark your appropriate LogistiCare Regional Office and FAX to the preceding fax number

Region 1 (Norton) 866.679.6329 \_\_\_\_\_ Region 2 (Bedford) 866.872.3664 \_\_\_\_\_
Region 3 (Richmond) 866.872.3846 \_\_\_\_\_ Region 4 (Norfolk) 866.872.3843 \_\_\_\_\_
Region 5/6 (C'ville) 866.872.3840 \_\_\_\_\_ Region 7 (Herndon) 703.707.6513 \_\_\_\_\_